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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/001,240</td> </tr> <tr> <td>Filing Date</td> <td>December 30, 1997</td> </tr> <tr> <td>First Named Inventor</td> <td>BASHAN, Oded</td> </tr> <tr> <td>Title</td> <td>CONTACT / CONTACTLESS DATA TRANSACTION CARD</td> </tr> <tr> <td>Art Unit</td> <td>2876</td> </tr> <tr> <td>Examiner Name</td> <td>LE, THIEN MINH</td> </tr> <tr> <td>Attorney Docket Number</td> <td>P-76151-US</td> </tr> </table>	Application Number	09/001,240	Filing Date	December 30, 1997	First Named Inventor	BASHAN, Oded	Title	CONTACT / CONTACTLESS DATA TRANSACTION CARD	Art Unit	2876	Examiner Name	LE, THIEN MINH	Attorney Docket Number	P-76151-US
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I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">49443</div> <b>OR</b> <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Practitioner(s) Name	Registration Number												
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Please recognize or change the correspondence address for the above-identified application to: <input type="checkbox"/> The address associated with the above-mentioned Customer Number. <b>OR</b> <input checked="" type="checkbox"/> The address associated with Customer Number: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">49443</div> <b>OR</b>															
<input checked="" type="checkbox"/> Firm or Individual Name	Pearl Cohen Zedek Latzer, LLP														
Address	1500 Broadway, 12th Floor														
City	New York														
State	NY														
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Country	USA														
Telephone	(646) 878-0800														
Email	USPTO@pczlaw.com														
I am the: <input type="checkbox"/> Applicant/Inventor. <b>OR</b> <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith</i>															
SIGNATURE of Applicant or Assignee of Record															
Signature															
Name	Oded Bashan														
Title and Company	ON TRACK INNOVATIONS LTD CEO														
Date	12/7/17														
Telephone	97246868000														
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.															
<input checked="" type="checkbox"/> * Total of 1 forms are submitted.															

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